

Section 7: Answer ONLY if you are Employed in KY as a RN or LPN

[illegible]

Section 8: Application for Licensure by Examination (Valid for One Year)

All examination applicants are required to complete a 120 hour clinical internship after receiving a provisional license. You must register with the NCLEX test service before you will be made eligible to test. A **criminal history report** obtained from the Administrative Offices of the Court must be submitted with this application. **See the instruction sheet for any additional information.**

PROVISIONAL LICENSE: A provisional license will be issued within 14 business days of receipt of all the following:

1. Completed application to KBN for licensure.
2. Criminal History Report.
3. Evidence of completion of a program of nursing.

Have you previously had a provisional license issued by KBN? **Yes** ☐ **No** ☐ If yes, was it for: **RN** ☐ **LPN** ☐

See the instruction sheet for additional information on receiving an **Authorization to Test (ATT)**.

RETAKING NCLEX:

Have you previously taken NCLEX? **Yes** ☐ If yes, was it for: **RN** ☐ In what state(s)?

No ☐ **LPN** ☐ In what state(s)?

If you were unsuccessful on NCLEX, you must:

1. Reapply to KBN: Application for licensure, fee, and current criminal history report.
2. Re-register with Pearson/VUE (NCLEX) and pay the required fee.

See instruction sheet for additional information on eligibility for NCLEX and Clinical Internship.

ROLE DELINEATION COURSE:

Graduates from a RN program of nursing may sit for NCLEX-LPN after they:

1. Are unsuccessful on NCLEX-RN, **and**
2. Submit evidence of completion of a role delineation course, **and**
3. Submit an application for licensure.

If applicable, list the name of the LPN role delineation course you completed:

School Name _____ Date Completed _____

Graduates from an out-of-state program of nursing (PON) must submit:

1. An official transcript, **OR** the PON must submit a certified list.
2. Evidence of completing 2 hours of CHS approved HIV/AIDS continuing education within 6 months of the date a Kentucky nursing license is issued. Signing this application constitutes an agreement that such evidence will be submitted. Failure to do so will result in disciplinary action.

Section 9: Application for Licensure by Reinstatement (Valid for One Year)

Select ONE of the following:

- ☐ I have practiced 500 hours within the past 5 years as a nurse in another state.
- You must submit:**
- Verification of employment (**Attachment 1**); **AND**
 - A copy of an active nursing license from that state at the time of employment; **AND**
 - Proof of earning 3 contact hours of KBN approved domestic violence continuing education.
- ☐ I have NOT practiced 500 hours within the past 5 years as a nurse.
- You must submit:**
- Proof of earning 120 KBN approved continuing education hours, earned within 1 year of the date of application; **OR**
 - Proof of completing a KBN approved refresher course, earned within 2 years of the date of application; **AND**
 - Proof of earning 3 contact hours of KBN approved domestic violence continuing education.
- ☐ My Kentucky nursing license lapsed within the past 5 years. **Contact the reinstatement licensure specialist for specific requirements.**

Section 10: Application for Licensure by Endorsement - Valid for 6 Months

State & Year of Original Licensure as RN State & Year of Original Licensure as LPN

Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.

Select ONE of the following:

- ☐ I have been licensed less than 5 years.
- ☐ I have practiced 500 hours within the last 5 years.
- ☐ I have not practiced 500 hours in the last 5 years but have been licensed in another state longer than 5 years. **Contact KBN for requirements.**

Applicants for endorsement must submit:

1. A fingerprint card issued by KBN (and additional \$24 processing fee).
2. Verification of original licensure. **NurSys Form or Attachment 2**
3. Evidence of having earned 2 contact hours of KBN approved HIV/AIDS education. Contact hours must not be earned more than 2 years prior to date of application.
4. An official transcript (see the instruction sheet for additional information).

Provide the following information regarding your last two employers:

Name of Employer 1

Contact Person

City

State

Zip

Telephone #

 - -

Length of Employment _____

Name of Employer 2

Contact Person

City

State

Zip

Telephone #

 - -

Length of Employment _____

New Graduates Only: A provisional license will be issued within 14 business days of receipt of 1 and 4 above. See instructions for additional information.

I have practiced 120 hours in the same licensure type for which I am applying. Yes ☐ No ☐

Section 11: Responsibility and Accountability of Kentucky Licensed Nurses

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Section 12: Attestation Statement

I certify that I am the person referred to in the foregoing application for licensure in Kentucky; that I am not in default of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA), that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN, that all statements contained herein and on all attachments are true and correct in every respect; and that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I declare my primary state of residence to be the state as indicated in Section 3 of this application.

Applicant's Signature _____

Office Use Only _____

HIV/AIDS in PON: _____